



Georgia COMMUNITY HEALTH WORKER BUSINESS CASE



What is a Community Health Worker?

A Community Health Worker (CHW) is a frontline health worker who is a trusted member of and/or has a demonstrated working knowledge of the community and individuals served. CHWs often share life experiences, language, ethnicity, and socioeconomic status with the community in which they serve, increasing their understanding of patient needs and concerns.

What is the role of a Community Health Worker?

CHWs have an essential role given their unique position to help interpret information, address socioeconomic needs, provide connections to resources, and develop trusting relationships with populations that have greater needs and face barriers to entry into the healthcare system. A CHW builds individual and community capacity by increasing self-sufficiency and health knowledge of community members through empowerment, education, outreach, counseling, social support and advocacy.

CHWs, also known as promotoras, outreach workers, community health aids, health promoters, and many other names function in a variety of roles and typically reside within the community that they serve.

How can CHWs contribute to health system savings?

CHWs contribute to overall health system savings through their impact on the following:

- Improved prevention and chronic disease management, which reduces costly inpatient and urgent care costs;
- Cost-shifting, with increased utilization of lower cost health services; and
- Indirect savings associated with reallocation of expenditures within the healthcare system, e.g., by appropriate team allocations within the patient-centered medical home.¹

What are the impact findings for CHWs?

CHWs help address the many non-clinical factors that influence a person's health, such as housing, education, literacy, low income, limited English proficiency, and discrimination. As trusted members of the community, CHWs are better positioned to understand and help people overcome the barriers to accessing care and maintaining good health, which can be especially valuable in communities of color and other historically under-resourced communities that tend to experience more barriers to care and unmet socioeconomic needs.¹

CHWs succeed by linking people to healthcare and social services, and by providing culturally competent and language-accessible health education, care coordination, and patient and caregiver support.²

Studies have also found that integration of CHWs leads to an increased use of primary and preventative care. CHWs have contributed an increase in child vaccinations, nutritional intake, recommended cancer screenings, and maternal and child healthcare. Additionally, CHWs have helped individuals with chronic conditions including asthma, hypertension, diabetes and cancer by encouraging patients to manage their conditions.

What are the cost savings that CHWs can bring?

Savings from the integration of CHWs have also been achieved by reducing the frequency of emergency department visits, hospitalizations, nursing home placements and hospital readmissions. Several studies have documented the reduction in emergency care or inpatient services associated with a CHW intervention, with savings ranging from \$1,200 to \$9,300 per patient. In Baltimore, African-American Medicaid patients with diabetes who participated in a CHW intervention had a 40% decrease in emergency room (ER) visits, a 33% decrease in ER admissions, a 33% decrease in total hospital admissions, and a 27% decrease in Medicaid reimbursements.¹

The CHW program produced an average savings of \$2,245 per patient per year and a total savings of \$262,080 for 117 patients.¹

Despite CHWs' proven effectiveness, there remains a public lack of understanding of their distinct role and value. In addition, the absence of long-term, sustainable funding to support them has prevented greater inclusion of CHWs in the healthcare system. This represents an enormous lost opportunity—providers fail to take advantage of CHWs' unique expertise and skill set to provide higher quality, person-centered services to their patients, while people and communities miss out on improved health that can result from working with CHWs.¹

The Health Care Innovative Awards (HCIA) was launched and funded by the Center for Medicare and Medicaid Innovation (CMMI), as a way to test innovative payment and delivery models. A meta-analysis was conducted to summarize the impact of these models. Of six types of innovation components evaluated (i.e., health IT, community health workers, medical home intervention, focus on behavioral health, telemedicine, workflow/process redesign intervention), only innovations using CHWs were found to lower total costs (by \$138 per beneficiary per quarter).³

References

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